

Michigan Mass Casualty Incident Burn Plan

Burn Patient Transfer Form

Date:	Time:	Contact:
Referring Hospital:	Physician:	
Telephone:	Burn Physician:	

PATIENT INFORMATION

Name:		Age:	Sex: M / F
Incident Date:	Time:	Pre-Burn Weight:	Kg
Allergies:			
Family Contact:			Notified: Yes No
Burn Type:	Source:	Total TBSA:	
Flame	Clothes sent with patient	Send Wound Document Flowsheet	
Inhalation	Enclosed space/Open air		
Scald	Type of Fluid		
Chemical	Type		
Electrical	Contact wounds?		
Radiation			
Respiratory Status:	Oxygen:	Intubated: Yes / No	Trach:
Tube Size:	Secured @ cm @ teeth/gums	Secured with:	
Vent Settings:			
ABGs:			
Respiratory Treatments:			
Other Injuries:			
Complications:			
Medical History:	Vital Signs	Immunizations:	
	Pulse	Up to date:	Yes No
	Resp	Tetanus/Dip	Yes No
	B/P	Cyanokit	Yes No
	Temp		
	SaO2		
Lines	IV fluids	Medications	Tests
Dressing:			
TRANSPORT			
To Referring Hospital	Burn Center	Final Disposition	
Basic Life Support	Time Notified	Transfer Accepted	
Critical Care	Time Departed	Referred to Outpatient Clinic	
Helicopter	SBCC Notified		
Comments: (Use back if needed)			
			Signature: